



Linda McCulloch, Superintendent
Office of Public Instruction
Division of Special Education
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us

APPLICATION/AMENDMENT FORM
Federal Funds Under
Individuals with Disabilities Education Act
Due to OPI: June 28, 2002

FUNDING AUTHORITY
IDEA-B Flow-Through
CFDA #84.027A
IDEA Section 619 Preschool
CFDA #84.173A

PART I—PROJECT APPROVAL STATISTICAL DATA AND ABSTRACT

1. Prime Applicant:

District/Cooperative Name	District No.	County	Legal Entity

2. Project Director:

Name	Position	Address	ZIP	Telephone

3. The Board of Trustees has designated the following person responsible for keeping the financial records for this project.

Name	Position	Address	ZIP	Telephone

4. Maintenance of Fiscal Effort (Sec. 300.231)

Complete (a) and (b). Refer to the maintenance of effort report provided to you by the OPI for FY '01 (school year 00-01).

(a) 00-01 school year expenditures—

Total amount of state and local funds expended for special education.

Total \$ _____

(b) 02-03 ensuing school year budget—

Total amount of state and local funds budgeted for special education [300.231(c)].*

Total \$ _____

*If the applicant is budgeting less than the amount expended in school year 00-01, the applicant must provide an explanation for the reduction. Reductions must be in compliance with 300.232 and/or 300.233.

5. Statement of Assurances

The Board of Trustees submitted a Common Assurances form to the Office of Public Instruction in spring 2002 and no circumstances affecting the validity of the assurances have changed since its submittal.

Signature—Designated Authorized Representative for the IDEA Part B/Preschool Program Applications	Date

PART II—CONSOLIDATED APPLICATIONS

1. List all participating districts.

District

County

2. ☐ Check here if a cooperative has adopted a clause in its interlocal agreement that empowers the cooperative to apply for Part B and Preschool funds on behalf of member districts.

If there is no such clause in the interlocal agreement, all member districts other than the prime applicant must complete number 3, page 3, "Participating Districts Other Than Prime Applicant District—Statement of Assurances."

3. Participating Districts Other Than Prime /Applicant District—Statement of Assurances

If there is no clause in the interlocal agreement that empowers the applicant to apply for Part B and Preschool funds on behalf of participating districts, this form must be completed and signed by the chairperson of the Board of Trustees for each district (other than the prime applicant district) participating in this project application.

School District No.:

☐ Elem

☐ HS

County:

School Name:

CERTIFICATION

- A. The Board of Trustees of the above-named school district in a meeting held on _____
Month Day Year
authorized _____ to file an application for the district to make
Name of Authorized Representative
representations, and to make commitments on behalf of the district under the provisions of the
Individuals with Disabilities Education Act, as amended by P.L. 105-17, and the Department of
Education's General Administrative Regulations (EDGAR).
- B. The Board of Trustees further agrees that the district named in item C is designated the administrative and fiscal agent for the project and is authorized to receive and expend, for the conduct of this project, funds belonging to the above district in the amount not to exceed that which is approved for the district by the Superintendent of Public Instruction.
- C. The district or county superintendent designated administrative and fiscal agent for the project is:

School District Name

Number

☐ Elementary School

☐ High School

OR

County Superintendent Name

County

- D. The Board of Trustees has reviewed all information and data contained in this application and has approved the project for submission to the Office of Public Instruction.

Signature—Chairperson of the Board of Trustees

Date

4. Local Education Agency Program Data

Each participating district within the cooperative or consolidated application that is eligible to receive a Part B entitlement must complete the information on this page.

A. Maintenance of Fiscal Effort (Sec. 300.231)

Complete (a) and (b). Refer to the maintenance of effort report provided to you by the OPI for FY '01 (school year 00-01).

(a) 00-01 school year expenditures—

Total amount of state and local funds expended for special education.

Total \$ _____

(b) 02-03 ensuing school year budget—

Total amount of state and local funds budgeted for special education.

Total \$ _____

B. Assurance is made by the _____ that it provides
School District Name
special education and related services in accord with the policies and procedures contained
in the Program Narrative submitted to the Office of Public Instruction in spring 2001.

Signature—Authorized School Representative

PART III—EQUIPMENT (PART B)

The applicant must identify each piece of equipment with a per unit cost of \$5,000 or more that the applicant intends to purchase with project funds. Additionally, the applicant must provide a detailed justification for the purchase of each equipment item.

Equipment Item:

Justification for Equipment Purchase:

PART III—EQUIPMENT (PRESCHOOL)

The applicant must identify each piece of equipment with a per unit cost of \$5,000 or more that the applicant intends to purchase with project funds. Additionally, the applicant must provide a detailed justification for the purchase of each equipment item.

Equipment Item:

Justification for Equipment Purchase:



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PO Box 202501
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The Individuals with Disabilities Education Act (IDEA) Part B – Annual Project Budget 2002-2003

CFDA #84.027A

CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS

The budget period is July 1-June 30. Amendments to this budget may occur up to project close-out, but no later than June 30.

Prime Applicant District: _____ Legal Entity: _____ Project Number: _____

Budget Items	Proposed Budget	Approved Budget 1	Approved Budget 2	Approved Budget 3
1. Salaries and Benefits Objects 1xx, 2xx				
2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx				
3. SUB-TOTAL DIRECT COSTS				
4. Indirect Costs @ _____% (See back for directions.)				
5. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx				
6. Transfer to other districts 6200-930				
7. TOTAL BUDGET				
OPI Use Only: Approved by/Date				

OPI Use Only

FY '02 Carryover Funds

Date	Amount	Initials

FY '03 Current Year Funds

Date	Description	Amount	Initials
	Allocation		
	Allocation		

For assistance, contact Marlene Wallis at 444-2504.

INSTRUCTIONS

1. Use whole dollar amounts only.
2. The district person responsible for accounting should be given a copy of the budget and personnel pages.
3. A district/cooperative may expend up to 10 percent over a budgeted line item WITHOUT OPI approval.
4. All instructional supplies and equipment approved for purchase with these funds must be ordered 90 days prior to close of project.
5. Last date to amend this budget is 30 days prior to close of project.



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The Individuals with Disabilities Education Act (IDEA) Preschool – Annual Project Budget 2002-2003

CFDA #84.173A

CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS

The budget period is July 1-June 30. Amendments to this budget may occur up to project close-out, but no later than June 30.

Prime Applicant District: _____ Legal Entity: _____ Project Number: _____

Budget Items	Proposed Budget	Approved Budget 1	Approved Budget 2	Approved Budget 3
1. Salaries and Benefits Objects 1xx, 2xx				
2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx				
3. SUB-TOTAL DIRECT COSTS				
4. Indirect Costs @ _____% (See back for directions.)				
5. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx				
6. Transfer to other districts 6200-930				
7. TOTAL BUDGET				
OPI Use Only: Approved by/Date				

OPI Use Only

FY '02 Carryover Funds

Date	Amount	Initials

FY '03 Current Year Funds

Date	Description	Amount	Initials
	Allocation		
	Allocation		

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